

PART B - FEE(S) TRANSMITTAL



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30008 7590 06/17/2005
GUDRUN E. HUCKETT DRAUDT
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 07/26/2005 HDMESS2 00000049 501199 09899694

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Gudrun E. Huckett	(Depositor's name)
<i>Gudrun E. Huckett</i>	(Signature)
7/26/2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/899,694	07/05/2001	Eberhard Frolich	P6338.7US	3482

TITLE OF INVENTION: METHOD FOR MANUFACTURING A SOLID CORE OF LAMINATIONS

Adjustment date: 07/26/2005 HDMESS2
 12/04/2003 JADDO2 00000091 501199 09899694
 01 FC:1501 1330.00 CR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$70	\$0	\$70	09/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAN, THIEM D	3729	029-609000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- Gudrun E. Huckett
 2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 501199 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

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Authorized Signature Gudrun E. HuckettDate 7/26/2005Typed or printed name Gudrun E. HuckettRegistration No. 35747

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